REQUEST FOR WITHDRAWAL OF APPLICATION FOR PERMIT WITH FILING FEES APPLIED TO NOTICE OF CLAIM

Name of App	plicant:		
Mailing Add	ress:		
Amount: Receipt No		No.:	
Application 1	No(s):		
of Idaho wh Idaho Depar	ich number(s) appear above and fo	r which the filing	propriate the Public Waters of the State I/We previously paid a filing fee to the g fee I/We paid on the receipt referenced ght.
For Individu	als:		
(Signature of Applicant)			(Date)
(Signature of Applicant)			(Date)
For Organiza	ations:		
(Signature of Authorized Agent)			(Date)
	T)	itle)	
	(Name of C	Organizat	tion)
Return to:	Idaho Dept. of Water Resources 7600 N. Mineral Dr. Suite 100 Coeur d'Alene, ID 83815	or	Idaho Dept. of Water Resources Adjudication Section P.O. Box 83720 Boise, ID 83720-0098
*******		******* WR Use	*************
		tials	<u>Date</u>
Approval State Office l Data Entry	Data Entry		